



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

**11/28/2001**

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER**  
**INSTALLATION NAME**  
**INSTALLATION ADDRESS**  
  
**MAILING ADDRESS**

**NJD001381482**  
  
**PAGE & SCHUYLER PARTNERSHIP**  
  
**PAGE & SCHYLER AVE**  
**BLOCK 235 LOTS 4 & 5**  
**LYNDHURST, NJ 07071**  
  
**PO BOX 902**  
**LYNDHURST, NJ 07071**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2**  
**RCRA Programs Branch**  
**290 Broadway, 22<sup>nd</sup> Floor**  
**New York, NY 10007-1866**

**ATTN: JACK HOYT**  
**Tel : (212) 637-4106**  
**Fax: (212) 637-4949**

**TO: PAGE & SCHUYLER PARTNERSHIP**  
**or Current Occupant**  
**ATTN: THOMAS BAUER - ESTIMATOR**  
**PO BOX 902**  
**LYNDHURST, NJ 07071**



ALL SECTIONS MUST BE COMPLETED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. expires 6-31-99  
GSA No. 0246-EPA-OT

W

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

NOV 1 2001

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N J D 0 0 1 3 8 1 4 8 2

## II. Name of Installation (Include company and specific site name)

P A G E & S C H U Y L E R P A R T N E R S H I P

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street MUST HAVE BUILDING NUMBER OR ADDITIONAL DESCRIPTION

P A G E & S C H U Y L E R A V E N U E

Street (continued)

B L O C K 2 3 5 L O T S 4 A N D 5

City or Town

L Y N D H U R S T

State

ZIP Code

N J 0 7 0 7 1 -

County Code

County Name

B E R G E N

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 9 0 2

City or Town

L Y N D H U R S T

State

ZIP Code

N J 0 7 0 7 1 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

B A U E R

(first)

T h o m a s

Job Title

E S T I M A T O R

Phone Number (area code and number)

2 0 1 - 9 3 9 - 4 0 0 0

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

☐
☒

B. Street or P.O. Box

P O B O X 9 0 2

City or Town

L Y N D H U R S T

State

ZIP Code

N J 0 7 0 7 1 -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

(LANDLORD)

P A G E & S C H U Y L E R P A R T N E R S H I P L L C

Street, P.O. Box, or Route Number

P O B O X 9 0 2

City or Town

L Y N D H U R S T

State

ZIP Code

N J 0 7 0 7 1 -

Phone Number (area code and number)

2 0 1 - 9 3 9 - 4 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year

1 0 2 7 0 0

FROM: JACOB HOYT, EPA REGION 2, 290 BROADWAY  
NYC NY 10007-1866 22ND FLOOR

Address Verified

Change (Owner)

NOV 1 2001



NOV 14 2001

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities
1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	3. Treater, Storer, Disposer (or installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Refinery <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil/Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil/Fuel Markers (or On-site Burner) Who First Claims the Oil Meets the Specification
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
U 2 1 0					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <b>ORIGINAL OF GENERATOR</b> <i>Frank Weidner</i>	Name and Official Title (type or print) Frank Weidner - Member	Date Signed 11/10/01
--	---	-------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

NOV 14 2001

Please sign



Post-it® Fax Note

7671

Date	11-9-01	# of pages	2
To	Betsy LOPEZ	From	RICK LEV
Co./Dept.	USEPA	Co.	Melick Tully
Phone #		Phone #	732 356 3400
Fax #	212 637 4437	Fax #	732 356 3400

inshaded areas only

Form Approved OMB No. 2030-0028 expires 6-31-95  
GSA No. 0246-EPA-07

# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

Environmental Protection Agency

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(complete item G)

C. Installation's EPA ID Number

NJ D001381482

## II. Name of Installation (Include company and specific site name)

PAGE &amp; SCHUYLER PARTNERSHIP

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: MUST HAVE BUILDING NUMBER OR ADDITIONAL DESCRIPTION

PAGE &amp; SCHUYLER AVENUE

Street (continued)

City or Town

LYNDHURST

State

NJ

ZIP Code

07071-

County Code

BERGEN

County Name

BERGEN

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 902

City or Town

LYNDHURST

State

NJ

ZIP Code

07071-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BAUER

(first)

THOMAS

Job Title

ESTIMATOR

Phone Number (area code and number)

201-939-4000

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location: Mailing

☒

B. Street or P.O. Box

☐

PO BOX 902

City or Town

LYNDHURST

State

NJ

ZIP Code

07071-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner (LAND CORP)

PAGE &amp; SCHUYLER PARTNERSHIP LLC

Street, P.O. Box, or Route Number

PO BOX 902

City or Town

LYNDHURST

State

NJ

ZIP Code

07071-

Phone Number (area code and number)

201-939-4000

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes ☒ No ☐

(Date Changed)

Month

Day

Year

102700

Overnight FedEx  
Rick Lev provided the block & lot #.

Will send in originals just wanted to verify form would be accepted.  
BG COMPLETED



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028 Expires 6-31-93

GSA No. 0246-EPA-91

ID- For Official Use Only													
<b>VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)</b>													
<b>A. Hazardous Waste Activity</b> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (221 to 2200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (221 lbs.) 2. Transporter (Indicate Mode in boxes 1-3 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 6. Underground Injection Control	<b>B. Used Oil Burn Activity</b> <input type="checkbox"/> 1. On-Specification Used Oil Burner <input type="checkbox"/> a. General Marketing & Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate Device(s) Type of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 4. Other (Specify) _____ <input type="checkbox"/> 5. Other (Specify) _____												
<b>IX. Description of Regulated Wastes (Use additional sheets if necessary.)</b>													
<b>A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)</b> 1. Ignitable (D001) <input type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input type="checkbox"/> 4. Toxicity Characteristic (D000) <input type="checkbox"/> (List specific EPA hazardous waste numbers in the Toxicity characteristic column)													
<b>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1 U 2 1 0</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> </table>		1 U 2 1 0	2	3	4	5	6	7	8	9	10	11	12
1 U 2 1 0	2	3	4	5	6								
7	8	9	10	11	12								
<b>C. Other Wastes. (State or other wastes requiring a handler to have an ID number. See instructions.)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> </table>		1	2	3	4	5	6						
1	2	3	4	5	6								
<b>X. Certification</b> I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.													
Signature <b>ORIGINAL OF GENERATOR</b>	Name and Official Title (type or print)	Date Signed											
<b>XI. Comments</b>  													
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)													



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02  
GSA No. 0246-EPA-OT

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

- ☒ 1. Generator (See Instructions)  
 a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)  
 2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify  
 \_\_\_\_\_

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.  
 4. Exempt Boiler and/or Industrial Furnace  
☐ a. Smelting, Melting, and Refining Furnace Exemption  
☐ b. Small Quantity On-Site Burner Exemption  
☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)  
☐ a. Transporter  
☐ b. Transfer Facility  
 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
☐ a. Processor  
☐ b. Re-refiner  
☐ 3. Off-Specification Used Oil Burner  
 4. Used Oil Fuel Marketer  
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D004
7

2
8

3
9

4
10

5
11

6
12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☐

1

2

3

4

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

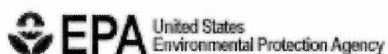
Date Signed

John Semple, Legal Counsel

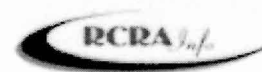
## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)





## Handler Information



DIAMOND CHEMICAL INC

LYNDHURST

NJD001381482

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NJD001381482	DIAMOND CHEMICAL INC		X	02	NJ	

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NJ		PAGE & SCHYLER AVE	LYNDHURST	BERGEN	NJ	07071		METRO

Mailing Address Information					
Act Loc	Street No.	Street	City	State	Zip
NJ		PAGE & SCHYLER AVE	LYNDHURST	NJ	07071

Contact Information							Add Contact		
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NJ	N	OPER MGR	LARRY	ROTTER	201-935-4300	PAGE & SCHYLER AVE	LYNDHURST	NJ	07071

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NJ	1	CO	P		DIAMOND CHEMICAL INC	212-555-1212	NOT REQUIRED	NOT REQUIRED	WY	99999

Operator Information								Add Operator		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaneous Information			
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility	
NJ				3/13/1991						



Location Coordinates			<a href="#">Add/Update Latitude/Longitude</a>
Act Loc	Source	Latitude Measure	Longitude Measure
NJ			

Environmental Priority Ranking				<a href="#">Add EPR</a>
Act Loc	EPR Date	EPR Status	EPR Notes	

SIC Information				<a href="#">Add SIC</a>
Act Loc	Seq	Source	Code	Primary

Other Permit Information				<a href="#">Add Other Permit</a>
Act Loc	Number	Type	Permit Description	

Activity Summary Information										<a href="#">Add Activity</a>
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NJ	<u>E</u>	1	7/8/1999	- N	-	-	-	-		
NJ	<u>N</u>	1	1/11/1991	LQG - R	-	-	-	-		

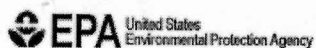
Hazardous Waste Stream Information				<a href="#">Add Waste Stream</a>		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NJ	<u>0001</u>	N	1/11/1991	0		

Go To

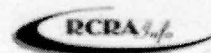


URL: /Handler/HAND\_info\_main.asp





## Handler - Handler Search



Enter the Street Name and State you wish to search on:

Street Name:

Wildcard searches are allowed (i.e. %dupont%, auto%, etc.).

State:

[Search](#) [Cancel](#) [Clear](#)

Your search has found 7 handler(s).

### Search Results

Act Loc	Handler Name	EPA Id	Street No.	Street Address	City	State	Zip Code	County	Universes
NJ	<a href="#">CLIFFORD W ESTES CO INC</a>	NJD002520468		PAGE & SCHUYLER AVE	LYNDHURST	NJ	07071	BERGEN	<input type="text" value="SQG"/>
NJ	<a href="#">CONCRETE SPECIALTIES INC</a>	NJD001251792		PAGE & SCHUYLER AVE	LYNDHURST	NJ	07071	BERGEN	
NJ	<a href="#">FIDELITY STORAGE &amp; DIST CORP</a>	NJD982796369		PAGE & SCHUYLER AVE	LYNDHURST	NJ	07071	BERGEN	
NJ	<a href="#">FIORILLO BROS INC</a>	NJD045668597		PAGE & SCHUYLER AVE	LYNDHURST	NJ	07071	BERGEN	<input type="text" value="TRANSPORT"/>
NJ	<a href="#">OMEGA PLASTICS CORP</a>	NJR000004929		PAGE & SCHUYLER AVE - BLDG 8	LYNDHURST	NJ	07071	BERGEN	
NJ	<a href="#">SYBRON CORP</a>	NJD054056056		PAGE & SCHUYLER AVE W	LYNDHURST	NJ	07071	BERGEN	
NJ	<a href="#">WASTE LOGISTICS LTD</a>	NJD980582027		PAGE & SCHUYLER AVE	LYNDHURST	NJ	07071	BERGEN	

[Create New Handler](#)

URL: /HANDLER/Handler\_srch.asp





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY**

03/13/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD001381482

FACILITY NAME ->

DIAMOND CHEMICAL INC

MAILING ADDRESS ->

PAGE & SCHYLER AVE  
LYNDHURST, NJ 07071

INSTALLATION ADDRESS ->

PAGE & SCHYLER AVE  
LYNDHURST, NJ 07071

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ROTTER LARRY OPER MGR  
DIAMOND CHEMICAL INC  
PAGE & SCHYLER AVE  
LYNDHURST, NJ 07071







**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

**D. Listed Infectious Wastes.** Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

- ## XI. Certification

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

11/9/91

EPA Form 8700-12 (Rev. 10-88) Previous edition is obsolete.